PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/811,070			ing Date 29/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FI	.ED	NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A		]	N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A		]	N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A	]	N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		mir	us 20 = *			x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = *		1	x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is	heets of pap \$250 (\$125 dditional 50	vings exceed 100 ation size fee due ty) for each tion thereof. See 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						1			1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL	
APPLICATION AS AMENDED – PART II         OTHER THA           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENT											
AMENDMENT	05/06/2008	CLAIMS REMAINING AFTER AMENDMEI		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 18	Minus	<b></b> 28	= 0	1	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	<del></del> 3	= 0	1	x \$ =		OR	X \$210=	0
M	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
L		CLAIMS REMAININ AFTER AMENDMEI		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Ä	Total (37 CFR 1,16(i))		Minus		-	]	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***	-	]	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))					]			1		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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